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AMENDMENT TRANSMITTAL LETTER (Sma				Entity)		11	Docket No. A-10135	
Application No.	Filing Date	Examiner		Customer N	ο.	Group Art Unit	Confirmation No.	
10/589,609	August 16, 2006	Samuel G. Gilbert		20741	İ	3735	2670	
Invention: MASS	SAGE APPLIANCE							
Transmitted herew	/ith is an amendment i	COMMISSIONER FO						
	claims small entity statu	us. See 37 CFR 1.27	·.			·		
		CLAIMS AS AM	IENDE)				=
	CLAIMS REMAINING	HIGHEST #	NUMB	ER EXTRA		DATE	ADDITIONAL	_
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	CLAIMS PRESENT		RATE	FEE	
TOTAL CLAIMS	47 -	23 =		24	x	\$26.00	\$624.00	
INDEP. CLAIMS	2 -	3 =		0	X	\$110.00	\$0.00	_
Multiple Dependent Claims (check if applicable)							\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$624.00	
Please cha A check in A communion A communion A check in A communion A check in A check	tor is hereby authorized cation or credit any over additional filing fees reconstant application process credit card. Form PT is: Information on this on this form. Provide Signature - Reg. 31,256 & Gitler, P.C. Street - Suite 522	No. in the filing to cover the filing to charge payment of expayment to Deposit Acquired under 37 C.F.R. essing fees under 37 C.	g fee is the folloccount in the folloccount in the folloccount in the following in the foll	redit card intauthorization ify that this could state an envelope an	for n o	mation should on PTO-2038. spondence is bein vice with sufficient	not be ng deposited with the postage as first class ioner for Patents, P.O.	:
Arlington, VA 22202 703.415.0100 9/2008 EFLORES 00000038 10589609				(Date)				
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Pergid		Signature of Person Mailing Correspondence						

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CC:

Typed or Printed Name of Person Mailing Correspondence



In re the application of:

Jorg KNYRIM

Serial No.: 10/589,609

Filed : August 16, 2006

For : MASSAGE APPLIANCE

Group Art Unit: 3735

Examiner: Samuel G. Gilbert

AMENDMENT A

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 8, 2008, please amend the above-identified application.

Please amend the claims as follows: